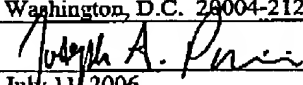
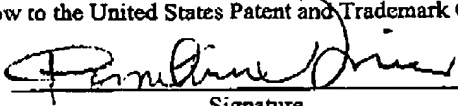


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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/811,769 |
| | | Filing Date | March 20, 2001 |
| | | First Named Inventor | Robert S. OSCAR, et al |
| | | Group Art Unit | 3626 |
| | | Examiner Name | PORTER Rachel L. |
| Total Number of Pages in This Submission | | Attorney Docket Number | 001983-006 |

| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or individual name | Joseph A. Parisi Registration No.: 53,435 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128 |
| Signature |  |
| Date | July 11, 2006 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Robert S. OSCAR, *et al.*

Serial No. 09/811,769

Filed: March 20, 2001

For: PHARMACY BENEFITS
MANAGEMENT METHOD AND
APPARATUS

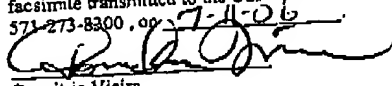
Group Art Unit: 3626

Examiner: PORTER, Rachel L.

Confirmation No. 9298

Date: July 11, 2006

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENTUnited States Patent and Trademark Office
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571-273-8300, on 7-11-06

Domitria Vieira

Sir:

In response to the Notice of Non-Compliant Amendment dated July 5, 2006, the subject matter of the Amendment filed on April 17, 2006, is again presented herein with amended withdrawn claims 19, 21, 47, and 48 labeled with the status identifier "Withdrawn—Currently Amended."

In response to the Office Action mailed October 20, 2005, please amend the above-identified application as follows.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 7 of this paper.

Remarks begin on page 20 of this paper.